

Jim Hurley

From: 64365-31371733@requests.muckrock.com
Sent: Tuesday, November 27, 2018 2:47 PM
To: Jim Hurley
Subject: Massachusetts Public Records Law Request: Incident Crime Report (Leicester)

Leicester Police Department
PRL Office
90 South Main Street
Leicester, MA 01524

November 27, 2018

To Whom It May Concern:

Pursuant to the Massachusetts Public Records Law, I hereby request the following records:

Any and all incident reports at the following locations:

- 88 Huntoon Memorial Highway, Leicester, MA 01524
- 1764 Main Street, Leicester, MA 01524

from July 1st, 2018 to the date of this request. Incident crime reports should include the date of the crime, time of the crime, the type of crime, details of the crime, and any other information included in the police existing report.

Police reports/incident reports refer to reports produced with notes and narratives, and a description of what happened by the responding officer. Here is an example: https://cdn.muckrock.com/foia_files/2018/03/06/2-28-18_MR49345_RES.pdf

I also request that, if appropriate, fees be waived as we believe this request is in the public interest, as suggested but not stipulated by the recommendations of the Massachusetts Supervisor of Public Records. The requested documents will be made available to the general public free of charge as part of the public information service at MuckRock.com, processed by a representative of the news media/press and is made in the process of news gathering and not for commercial usage.

I expect the request to be filled in an accessible format, including for screen readers, which provide text-to-speech for persons unable to read print. Files that are not accessible to screen readers include, for example, .pdf image files as well as physical documents.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 10 business days, as the statute requires.

Sincerely,

Jessie Gomez

Filed via MuckRock.com

E-mail (Preferred): 64365-31371733@requests.muckrock.com

Upload documents directly: https://www.muckrock.com/accounts/agency_login/leicester-police-department-588/incident-crime-report-leicester-64365/?email=hurleyj%40leicesterpd.org&uuid-login=8dd49a07-b113-4883-88f1-23e79150792b#agency-reply

Is this email coming to the wrong contact? Something else wrong? Use the above link to let us know.

For mailed responses, please address (see note):

MuckRock News
DEPT MR 64365
411A Highland Ave
Somerville, MA 02144-2516

PLEASE NOTE: This request was filed by a MuckRock staff reporter. Also note that improperly addressed (i.e., with the requester's name rather than "MuckRock News" and the department number) requests might be returned as undeliverable.



For Date: 07/28/2018 - Saturday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>
18-15599	1255	ACCIDENT, M/ V, W/ P. I.	REPORT TAKEN
Call Taker:		ROBERT ODGREN	
Location/Address:		[LEI 344] CULTIVATE HOLDINGS INC. - 1764 MAIN ST	
ID:		Sergeant ALEXANDER L SAMIA	
EMS Unit:		Disp-12:57:24	Arvd-13:01:19 Clrd-13:34:38
		A1-AMBULANCE 1	
		Disp-12:56:14	Arvd-13:00:21
		ID: Sergeant MICHAEL P FONTAINE	
		Disp-12:57:26	Arvd-13:00:33 Clrd-13:39:19
		ID: Sergeant ALEXANDER L SAMIA	
		Disp-14:20:20	Clrd-14:20:24
Vehicle:		RED 2007 HYUN SE ACCENT Reg: PC MA 7257MN VIN: _____	
Towed:		For: Accident By: Worcester County Towing To: WORCESTER COUNTY TOWING	
Operator:		TRAPASSO, HARLENE M @ _____	
Owner:		TRAPASSO, HARLENE M @ _____	
Insurance Co:		_____	
Policy No:		_____	
Vehicle:		BLU 2004 MERC UT MOUNTA Reg: PC MA 7HM747 VIN: _____	
Towed:		For: Accident By: DEER POND AUTO To: DEERPOND AUTO	
Operator:		MANCUSO-RUSSELL, JULIE ANN @ _____	
Owner:		RUSSELL, JULIE @ _____	
Insurance Co:		_____	
Policy No:		_____	
Narrative:		<p>CALLER REPORTING 2 MV ACCIDENT IN FRONT OF CULTIVATE. THE FEMALE IN THE HYUNDAI ELANTRA, MA REG 7257MN, IS HOLDING HER HEAD. THE OTHER VEHICLE IS MA REG 7HM747, A BLUE MERCURY MOUNTAINEER</p> <p>1256 HOURS - TONE 4 AND A1 EN-ROUTE 1300 HOURS - A1 ON ARRIVAL 1313 HOURS - TOW FOR THE HYUNDAI, CLASSIC NOTIFIED 1314 HOURS - CLASSIC CALLED BACK, UNABLE TO DO THE TOW, WORCESTER COUNTY NOTIFIED 1321 HOURS - TOW FOR THE MERCURY MOUNTAINEER, ENTWISTLE'S NOTIFIED 1323 HOURS - ENTWISTLE'S CALLED BACK, UNABLE TO DO THE TOW, DEER POND NOTIFIED 1325 HOURS - CAR 1 REPORTS A1 IS AVAILABLE ON SCENE WITH PATIENT REFUSALS 1332 HOURS - A1 CLEARING THE SCENE WITH 4 PATIENT REFUSALS</p>	

Refer To Accident: 18-168-AC

Exemption (a) – The Statutory Exemption –
 Exemption (a) applies to records that are:
 Specifically, or by necessary implication exempted from disclosure by statute including RMV privacy act.

Police Use Only			Commonwealth of Massachusetts Motor Vehicle Crash Police Report										RMV Document Number		
Date of Crash 07/28/2018	Time of Crash 1255 24HR	City/Town Leicester	Number Vehicles 2	Number Injured 3	Speed Limit 45	State Police Local Police MBTA Police Other:									
AT INTERSECTION:			< LOCATION >					NOT AT INTERSECTION:							
1	Route# Direction Name of Roadway/Street At			Route# Direction Address #	1764 MAIN ST		Name of Roadway/Street								
2	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N S E W] of	Mile Marker	• — or	Exit Number								
3	Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of	Route#	Intersecting Roadway/Street									
4				Feet [N S E W] of	Landmark										
5	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 13 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 18-168-AC											
6	License # S59485022 St MA DOB/Age 07/24/1940 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator TRAPASSO, HARLENE M Last First Middle Address 12 PINE RIDGE DR			Reg # 7257MN	Reg Type PC	Reg State MA	21								
7	City LEICESTER State MA Zip 01524 Insurance Company ARBELLA MUTUAL INS			Veh Year 2007	Veh Make HYUNDAI	Veh Config. 1	12								
8	Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) _____			Owner TRAPASSO, HARLENE M Last First Middle Address 12 PINE RIDGE DR	13										
9	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			City LEICESTER State MA Zip 01524	14										
10	Please fill out for operator and all occupants involved Name (Last First Middle) _____ Address _____			Vehicle Action Prior to Crash 1 22	Damaged Area Code: 8 27 27 27										
11	Operator KENDRA REYNOLD See Above			Event Sequence 1 23 23 23 23	Test Status: 28										
12	KENDRA REYNOLD 29 OLD SPENCER RD CHARLTON, MA 01507			Most Harmful Event 1 24	Type of Test: 29										
13	COLE REYNOLD 29 OLD SPENCER RD CHARLTON, MA 01507			Driver Contributing Code 99 25 25	BAC Test Result: 30										
14				Driver Distracted by 99 26	Susp. Alcohol: 31 Susp. Drug: 32										
15					Towed from scene? 1 33	15									
16	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 21 #Occupants <input type="checkbox"/> Non-Motorist A			Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Medical Facility	16									
17	License # S46679421 St MA DOB/Age 08/30/1960 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator MANCUSO-RUSSELL, JULIE ANN Last First Middle Address 68 LAKE AVE			Reg # 7HM747	Reg Type PC	Reg State MA	17								
18	City LEICESTER State MA Zip 01524-1904 Insurance Company NGM INSURANCE COMP			Veh Year 2004	Veh Make MERCURY	Veh Config. 1	18								
19	Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) _____			Owner MANCUSO-RUSSELL, JULIE ANN Last First Middle Address 68 LAKE AVE	19										
20	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			City LEICESTER State MA Zip 01524-1904	20										
21	Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) _____ Address _____			Vehicle Action Prior to Crash 3 22	Damaged Area Code: 2 27 27 27										
22	Operator/Non-Motorist See Above			Event Sequence 1 23 23 23 23	Test Status: 28										
23				Most Harmful Event 1 24	Type of Test: 29										
24				Driver Contributing Code 99 25 25	BAC Test Result: 30										
25				Driver Distracted by 99 26	Susp. Alcohol: 31 Susp. Drug: 32										
26					Towed from scene? 1 33	26									

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ♂ = Pedestrian ♂ = Bicycle

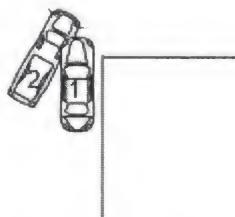
Crash Diagram:

ie: → [1] → [2]

→ ♂

(Route 9)

Main Street



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

This motor vehicle accident took place in the area of the intersection of Main Street (Route 9) and Main Street. Vehicle one smashed into the passenger side front of vehicle one with its drivers side front. Both vehicles one and two were travelling westbound on (Route 9), Main Street. Vehicle two went to turn right onto Main Street. The operator of vehicle two stated that she put her directional on to turn right when vehicle one hit her while making the turn. The operator of vehicle one stated that she was not sure what happened.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number: _____ Issuing State: _____ MC/MX/ICC #: _____

Interstate Cargo Body Type Code GVWR/GCWR

Trailer Reg #: _____ Reg Type: _____ Reg State: _____ Reg Year: _____ Trailer Length:

Hazmat Information:

Placard Material 1 digit #: Material Name: _____ Material 4 digit #: _____ Release code:

Sergeant ALEXANDER L SAMIA

Police Officer Name (Please Print)

Signature

86AS

ID/Badge #

Leicester Police Department

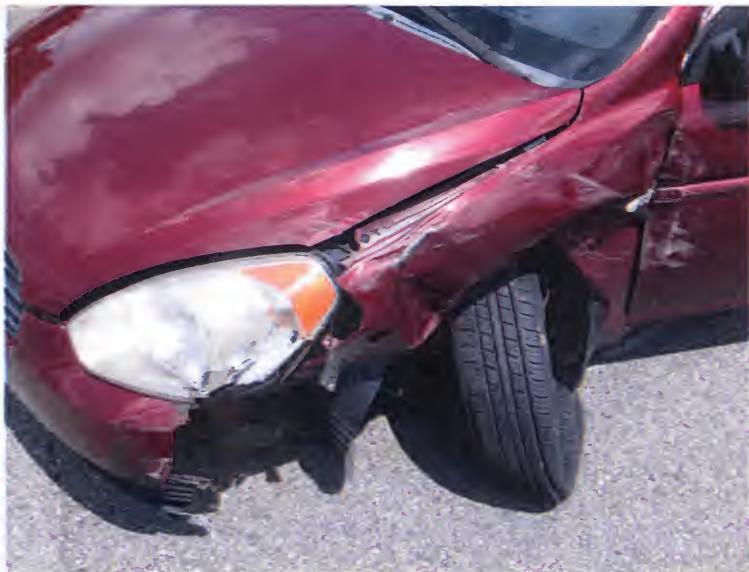
07/29/2018

Department

Precinct/Barracks

Date

Leicester Police Department
Images Associated with 18-168-AC



Leicester Police Department
Images Associated with 18-168-AC



For Date: 11/29/2018 - Thursday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>
18-24699	1423	ACCIDENT, HIT & RUN, NO P. I.	REPORT TAKEN
Call Taker:		BARBARA BOUCHARD	
Location/Address:		[LEI 344] CULTIVATE HOLDINGS INC. - 1764 MAIN ST	
Initiated By:		06SZ - Patrolman STEVEN P ZECCO	
ID:		Patrolman STEVEN P ZECCO	
Narrative:			Arvd-14:23:00 Clrd-14:24:58
		06SZ REQ AN INCIDENT CREATED IN REGARDS TO A HIT AND RUN	
		THAT HAPPENED AT CULTIVATE EARLIER	
		REQ OF#- OF# ASSIGNED	
Refer To Incident:		<u>18-1456-OF</u>	



Leicester Police Department
Incident Report

Page: 1
12/03/2018

Incident #: 18-1456-OF
Call #: 18-24699

Date/Time Reported: 11/29/2018 1423
Report Date/Time: 11/29/2018 1423

Reporting Officer: Patrolman STEVEN ZECCO

Signature: _____

Report has not yet been
completed and matter
remains under investigation.